

BILLINGS

Insurance appeal template

Who it helps: People responding to denials for visits, tests, or treatment.

Summary: Appeal checklist with reason-code, evidence, and deadline sections.

Not medical, legal, or financial advice. Use this as a practical checklist and a record-keeping tool.

Before you write:

- Get the denial letter and the appeal deadline.
- Ask what documents the plan wants: clinical notes, letter of medical necessity, prior auth info, labs/imaging.
- Ask your clinician to support the appeal with documentation.

Fill in:

Member name: _____

Member ID: _____

Plan name: _____

Claim / reference #: _____

Denied service / medication: _____

Denial letter date: _____ Appeal deadline: _____

Appeal letter template:

"I am appealing the denial of [service/medication] dated [date]. The denial reason is [reason].

This care is medically necessary because [short clinical rationale].

Attached are supporting records: [list attachments].

Please reconsider and approve coverage. If you uphold the denial, please provide the plan provisions used and instructions for the next level of review."

Checklist:

- [] Submit before the deadline using a trackable method and keep proof.
- [] Ask for an expedited/urgent appeal if delay risks harm (ask your clinician to support urgency).
- [] Track every call (date, person, reference number).

Helpful links:

- 211 local services: <https://www.211.org>
- Patient Advocate Foundation: <https://www.patientadvocate.org>
- HealthCare.gov (Marketplace): <https://www.healthcare.gov>
- Medicaid: <https://www.medicaid.gov>
- Medicare cost help: <https://www.medicare.gov/basics/costs/help>
- Marketplace appeals overview:
- <https://www.healthcare.gov/appeal-insurance-company-decision/>